

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1		1			
3	1		1			
4	1		1			
5	3		3			
6	4		3			
7	4		4	1		
8	4		4	1		
9	4		4	1		
10	4		4	1		
11	4		4	1		
12	4		4	1		
13	4		4	1		
14	4		4	1		
15	4		4	1		
16	4		4	1		
17	4		4	1		
18	4		4	1		
19	4		4	1		
20	4		4	1		
21	4					
22	4					
23	4					
24	1					
25	1					
26	1					
27	7		3			
28	7		3			
29	7		3			
30	7		8			
31	7		3			
32	7		3			
33	7		7			
34	7		7			
35	7		2			
36	7		2			
37	7		2			
38	7		7			
39	7		7			
40	7		7			
41	7		7			
42	7		7			
43	7		7			
44	7		7			
45	1					
46	4		4			
47	4		4			
48	4		4			
49	4		4			
50	4		4			
TOTAL IND.	11					
TOTAL DEP.	26					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	4					
53	4					
54	4					
55	4					
56	4					
57	1					
58	4					
59	4					
60	4					
61	4					
62	4					
63	1					
64						
65						
66						
67						
68						
69						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS